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Application Number 10/055,797 Filed January 22, 2002 For METHODS AND COMPOSITIONS FOR RNA INTERFERENCE Art Unit 1635 Examiner K. Chong This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identifice application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 \$ Two months (37 CFR 1.17(a)(2)) \$460 \$230 \$ X Three months (37 CFR 1.17(a)(3)) \$1050 \$525 \$525. Four months (37 CFR 1.17(a)(4)) \$1640 \$820 \$ Five months (37 CFR 1.17(a)(4)) \$1640 \$820 \$ Five months (37 CFR 1.17(a)(5)) \$2230 \$1115 \$ X Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge fees which may be required, or credit any overpayme Deposit Account Number 18-1945 I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this for Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if		TENSION OF TIME UNDER 3 FY 2006	of information unless if displays a valid OMB control numb Docket Number (Optional) CSHL-P03-010						
For METHODS AND COMPOSITIONS FOR RNA INTERFERENCE Art Unit 1635		••••	Filed January 22, 2002						
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Typed or printed name Telephone Number		()	(61	(7) 951-7268					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if									
than one signature is required, see below.			entire interest or their repr	esentative(s) are require	d. Submit multiple forms if more				

I hereby of	certify that this paper (along w	ith any paper referred	to as being	attached or enclosed) is	being deposited with the U.S. Po	stal Service o
the date s	shown below with sufficient po	stage as First Class N	//ail, in an en	velope address9d to: N		, P.O. Box
	exandria, VA 22313-1450.	Signature:	Vale	A Sarsh	(Valerie J. Sarosky)	

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